

FY 2004
Request for Funds (RFF)
CCDF Intake Agent Application

May 2003

FY04 CCDF Request for Funds Table of Contents

1. Cover letter
2. RFF Overview and Information
3. Program Narrative Outline
4. Application Requirements
5. Certification Statements and Assurances
6. Program Support Budget Form
7. Intake and Family File Maintenance Tasks
8. FSSA Provider Data Form
9. Request for Taxpayer Identification Number and Certification
10. Automated Direct Deposit Authorization Agreement
11. Technical Requirements for Intake Software

Child Care and Development Fund RFF Overview and Information

Purpose:

Funding is received by the State of Indiana from the Federal Child Care and Development Fund (CCDF) Block Grant (42 U.S.C., 9858e et seq. and CFR Parts 98 and 99, as amended in July 1998) to provide subsidies for child care to eligible low income families who are working or in a training or educational program. The purpose of this RFF is to select an entity to serve as the CCDF Intake Agent. The Intake Agent will work closely with the local Office of Family and Children to assist families to move from welfare to work.

Eligible Applicants must:

- Be registered with the Secretary of State
- Be in good standing with the State of Indiana and Family and Social Services Administration
- Assure that program services are accessible to families
- Be able to accommodate culturally diverse populations, including families with language barriers and persons with disabilities
- Not be a Step Ahead Council or other local planning council
- Not function as the Central Reimbursement Office (CRO) for CCDF
- Have internal controls and supervision in place to review and monitor eligibility determination functions and contract compliance
- Have a customer service delivery system that supports the Division of Family and Children's mission and values
- Have experience with electronic data systems and demonstrated ability to meet and maintain timely input for automated database
- Have exhibited commitment to collaborate and coordinate with local child care system partnerships in order to meet community needs
- Have an independent audit, if required by federal guidelines
- Have the ability to provide general liability insurance unless an entity of state, county, or municipal government
- Have the ability to begin contract responsibilities effective 10/1/03 as the Intake Agent.
- Follow all established CCDF policy and procedures and meet all contractual obligations in the management of the program.
- Ensure that the intake duties and any duties performed as a Child Care Resource and Referral agency are separate and that no staff person will inspect providers for minimum standards compliance and also determine family eligibility for CCDF.

Program Responsibilities:

The CCDF program provides assistance for low-income families who are employed or enrolled in an educational or training program. Intake Agents are contracted to administer the CCDF funds in each county in accordance with applicable federal and state procedures and eligibility requirements. Duties effective 10/1/03 include, but are not limited to, intake of

applications, enrollment of child care providers, daily input of data, and maintenance of program database. Extensive reporting of data and compliance with program regulations and policy are required.

In addition, as the new electronic payment system is transitioned into each county, intake agent duties will include issuing over-the-counter Hoosier Works for Child Care cards and providing state supplied information to families on use of the card.

Certification of Intake Staff:

All staff at the Family Intake/Management Site will be required to attend state-sponsored training on CCDF Program Policies and the Automated Intake System prior to transition. Supervisory staff at the Family Intake/Management Site will be responsible to assure that proper procedures are followed. Manuals and training materials will be provided.

Funds Available:

The CCDF funding levels for FY04 are uncertain at this time. It is anticipated that available funds will be less than in FY03; however, final county allocations are not available at this time. This information will be shared as soon as available. Numbers of children and families currently enrolled in the county are included in the RFF packet. Applicants are advised to use this projected information for planning and budgeting purposes until final budget figures are known.

Payment for Services:

The Family Intake/Management Site will be paid for intake activities at the rate of \$18 per active family case file per month. The number of active family case files shall be determined through the automated intake system at the end of each month.

Contract Performance Measures:

The contract will be performance based on the following measures. A report will be generated on a monthly basis through the automated intake system to be submitted with the claim

1. Grantee must have adequate internal controls and supervision in place to maintain a data error rate not to exceed 3%.
 - a. An error rate greater than 3% will result in a withholding of the monthly payment for active family case files until compliant.
2. Grantee must maintain a 100% accuracy rate regarding the age of an eligible child.
 - a. Failure to comply will result in a withholding of the monthly payment for active family case files until compliant.
3. Grantee must maintain a 100% accuracy rate for active vouchers issued only to eligible CCDF Providers.

- a. Failure to comply will result in a withholding of the monthly payment for active family case files until compliant.

RFF Timelines and Process:

The RFF information must be completed in full and submitted with required attachments by June 13, 2003. If postmarked after that date, the application may not be considered.

The original RFF and one copy should be sent to:

MS-02
Bureau of Child Development
Marion County Intake Agent Proposal Packet
Attn: Eleanor Jones
402 W. Washington St. Room W-386
Indianapolis, IN 46204

In addition, five copies of your proposal should be sent to the Director of the local Office of Family and Children. In the event that there is more than one applicant submitting an RFF, the OFC Director, with assistance from the BCD county educare consultant, will conduct a local review process to determine who could best serve the county.

The following timelines have been established for the RFF process:

5/19/03	Public Announcement
5/30/03	Letters of Intent due
6/13/03	RFF application due (postmark effective date)
6/20/03	Local review of RFF Applications complete
6/24/03	Recommendation from local OFC Director/Educare consultant to BCD Deputy Director
6/27/03	BCD selection approval and contract development

The contract will be effective October 1, 2003 through September 30, 2004 and may be renewed at the sole discretion of the State. If you have any questions regarding the RFF, please contact the county educare consultant. (See map)

Program Narrative Outline

Please provide the following information for your proposed county management of the program:

BUSINESS CAPABILITY

1. Please give a brief history of your agency's past experience and knowledge with the CCDF Child Care Voucher Program.
2. If applicable, are you prepared to coordinate program transitioning with the current intake agent and assume full responsibility for service delivery in this county on 10/1/03? Does your agency currently have the ability to secure appropriate staff, space and equipment to begin the administration of the program? What action steps will be needed to be ready by 10/1/03?
3. Please describe your proposed service delivery design for this county. Will there be co-location of services? Include the address of proposed site(s). Is the site(s) accessible from all areas of the county? Is the site accessible to TANF families referred from the local Office of Family and Children? Describe how the location will be "visible" (advertised) to the families throughout the county.
4. Describe your proposed staffing plan for the county including supervisory responsibility. How will the program be administered in situations such as absences, vacations, and staff vacancies? Attach a copy of your agency organization chart.
5. Describe the internal control and quality assurance procedures that will be used to monitor eligibility determination and contract compliance issues.
6. Describe your experience with electronic data systems and your ability to maintain timely data input and program reporting. How will technical requirements for the automated intake system be met?
7. Please disclose any potential or perceived conflicts of interest and how they will be resolved.

CUSTOMER SERVICE

1. How will customer service be provided, i.e., a direct phone line, policy to return phone calls within 24 hours, quality assurance oversight plan for appropriate service delivery?

Please attach copies of your agency Policies and Procedures regarding non-discrimination, confidentiality, and customer service guidelines.

2. How will you evaluate customer satisfaction – including families, providers and local community partners?
3. Describe your plans to accommodate working families i.e. additional or non-traditional hours to allow more convenient access. How long will it take for a family to be able to schedule an intake appointment?
4. How will you accommodate families with communication issues, such as Spanish speaking or hearing impaired? Are proposed service sites handicapped accessible?

Application Requirements

Your application must address the following issues. Please initial each item:

_____ Your agency is in good standing with the State of Indiana and the Family and Social Services Administration.

_____ Your agency is not a Step Ahead Council or other local planning council; or is not the Central Reimbursement Office for CCDF.

_____ Your agency has an annual independent audit, if required by federal guidelines.

_____ General liability insurance will be provided unless an entity of State, county or municipal government.

_____ Your agency is willing to collaborate and coordinate with local child care system partnerships in order to meet community needs. A Memorandum of Understanding with the local county CCDF team will be developed.

_____ Your service delivery plan will accommodate working parents and be accessible for families throughout the county.

_____ You have a plan to conduct interviews for clients who speak Spanish or other languages, or have communication issues.

_____ The intake site(s) is handicapped accessible, including restroom facilities.

_____ Your agency Policies and Procedures and customer service guidelines are adequate to assure quality customer service.

_____ The intake site(s) is listed with street, and city address.

_____ There is a dedicated phone line for customer inquiries.

_____ Your agency is computer capable and has Internet access along with a phone line and fax machine. Technical requirements for the automated intake system can be met.

_____ Timely data input will be maintained for automated database and reports.

_____ If applicable, your agency is willing to coordinate program transitioning with the current intake agent and is able to assume full service delivery responsibilities in this county on October 1, 2003. Your action steps to accomplish this are included.

_____ Your agency will follow all established CCDF policy and procedures and meet all contractual obligations in the management of the program.

_____ Your agency will ensure the intake duties and CCRR duties are separate and that no person will inspect providers for minimum standards compliance and determine family eligibility.

_____ You agency will issue over-the-counter Hoosier Works for Child Care cards and provide state supplied information to families on use of the card.

Certification Statements and Assurances

As a condition of participation for funding through the Child Care and Development Fund (CCDF), the applicant must make the following assurances. These assurances shall remain in effect throughout the funding period:

We assure that all information included in this application is true and correct.

We assure that we will strictly comply with all federal and state laws regarding confidentiality. Any information concerning applicants or recipients of the Child Care Assistance program will not be disclosed to any person, agency or organization except the Family and Social Services Administration, without the written permission of the Parent, and shall not be used by the Voucher Agent for any other purpose.

We assure that we shall follow all established procedures for assuring the accuracy of information contained in applications and supporting documentation. We shall not submit an application or supporting documents into data entry or family case files when the voucher agent knows or should know that the information is false or misleading.

We assure that all suspected fraud will be reported and we will cooperate with investigations.

We assure that we shall complete all responsibilities in the appeals/complaint policy.

We assure that we will make provisions to accept and process applications from employees of the voucher agent or from their spouses and children to insure accuracy, confidentiality and impartiality.

We assure that we will maintain communication with the Local OFC to facilitate effective processing of applications.

We assure that we will report any changes to the information included in this application to the Bureau of Child Development throughout the funding period.

We assure that all staff involved in the administration of the CCDF program will attend all required state sponsored trainings.

We assure that records will be maintained as directed by the Family and Social Services Administration. Access will be afforded to the State as it finds necessary to assure the correctness and to verify reports and proper distribution of the funds associated with this application. We understand that records are to be kept in accordance with generally accepted accounting principles.

We assure that funds provided through this application will only be used to implement and support the local administration of the CCDF voucher program, and not other programs.

We assure that this agency operates in accordance with the nondiscriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; and where applicable, the Omnibus Budget Reconciliation Act of 1983.

We certify that this agency will maintain a drug-free workplace as described in the Drug-Free Workplace Act of 1988 and the Federal regulations promulgated thereunder.

We certify that pursuant to 31 U.S.C., Section 1352, no federally appropriate funds have been paid, or will be paid, by or on behalf of Contractee, to any person for influencing or attempting to influence an officer or employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modifications of any federal contract, grant, loan, or cooperative agreement.

We certify that contract performance standards will be met as specified and that all CCDF policies and procedures will be followed.

Authorized Official of Voucher Agent

Date Signed

Legal Name of Organization

**CCDF Voucher Agent Program Support
Budget Report**
County Name _____
**Federal Fiscal Year '04 (10/1/03-
9/30/04)**

Voucher Agent Name

Contract Number (If
Available)

Address

Personal Services:

Salaries and Benefits \$ _____

Service Costs:

Postage \$ _____

Telephone \$ _____

Printing \$ _____

Rent \$ _____

Material \$ _____

Copying \$ _____

Travel \$ _____

Contract Services \$ _____

Other \$ _____ ** (See below)

Supplies:

Stationary & Office Supplies \$ _____

Equipment:

Office Equipment and Furniture \$ _____ ** (See
Below)

Indirect Cost: (From Approved Cost Allocation Plan) \$ _____

Total Program Support Costs: \$ _____

Any proposed capital expenditures must be included in the Program Support Budget.

The program support budget will reduce the need for individual request for purchases. Once the program support budget is approved, only unexpected large expenditures will need approval. Any large equipment purchases such as a printer will need an MOU document establishing that the equipment is state equipment and will revert to the state at the end of the contract period.

Please provide a budget narrative to the line items below.

****Explain all line items in detail:**

Personal Services:

Service Costs:

Equipment:

Indirect Costs: (From Approved Cost Allocation Plan)

Total Program Support Costs:

(02-
02)

Family Case File Maintenance

	<u>805 Task</u>	<u>Comments</u>
<u>1</u>	<u>Initial Contact to Schedule Interview</u>	<u>After preliminary application has been completed and Applicant meets eligibility.</u>
<u>2</u>	<u>Special Needs children/Other exceptions cases</u>	<u>Identification and Monitoring of children with Special Needs and or other exception cases</u>
<u>3</u>	<u>Correspondence with Local OFC (TANF)</u>	<u>May receive referral from OFC or partial completed 805 application</u>
<u>4</u>	<u>Maintain Paper File for Parent</u>	<u>Paper file is maintained throughout Intake process</u>
<u>5</u>	<u>805 Application Completion/Appointment</u>	<u>Actual appointment with applicant</u>
<u>6</u>	<u>Verifications of Income, Employment, and Residence</u>	<u>Post Intake appointment tasks including written and oral correspondence with Parents</u>
<u>7</u>	<u>Calculation of Copays, Subsidy, and Overages</u>	<u>The Process of identifying the parent's fiscal responsibility</u>
<u>8</u>	<u>Rights and Obligations plus Parent's Handbook</u>	<u>Actual appointment with applicant</u>
<u>9</u>	<u>Referral to R&R and non-CCDF services</u>	<u>Actual appointment with applicant</u>
<u>10</u>	<u>Compilation and Forwarding of Parent paper file</u>	<u>The process of collecting all signed documents, filing, organizing, and documenting correspondence</u>
<u>11</u>	<u>Changes in Status Updates</u>	<u>Parents will update local Inake Agent with changes that affect eligibility</u>
<u>12</u>	<u>Counseling or Processing on Changes of Providers</u>	<u>Changing of providers by clients</u>
<u>13</u>	<u>Correspondence with Parents/Providers</u>	<u>Answering of general intake questions from parent(s) and provider(s) and documenting correspondence</u>
<u>14</u>	<u>Review of Files Daily for Parent(s) Seeking Job(s)</u>	<u>Special circumstances for clients currently job seeking</u>
<u>15</u>	<u>Certification/Re-certification of Families and Providers</u>	<u>Tasks involved with establishing family files and maintaining certified providers and supplying Provider forms</u>
<u>16</u>	<u>Fielding Appeals/Complaints from Parents/Providers</u>	<u>Not specific to any one voucher agent task but periodically needed</u>
<u>17</u>	<u>Maintenance of Phone Log</u>	<u>The process of keeping parent files accurate and organized</u>
<u>18</u>	<u>Waiting List Maintenance</u>	<u>Ensuring client is placed on waiting list if eligible and funds are unavailable</u>
<u>19</u>	<u>Quality Control of Parent Paper File</u>	<u>Ensuring all paperwork and documentation is received and in order</u>

<u>20</u>	<u>Assisting State Monitoring Teams</u>	<u>Not specific to any one voucher agent task but periodically needed</u>
<u>21</u>	<u>Regional Intake Training</u>	<u>Training periodically needed</u>
<u>22</u>	<u>Internal Meetings/Supervision Specific to Intake</u>	<u>Meetings, staffing oversight which may be periodically needed</u>
<u>23</u>	<u>General Administrative-Intake</u>	<u>Various related copying and faxing to parents and providers during intake process</u>
<u>24</u>	<u>Incomplete applications</u>	<u>Time spent by local intake staff for processing incomplete applications</u>
<u>25</u>	<u>Items historically reported on program support claims</u>	<u>Intake staff supplies, materials, general accounting, payroll, indirect costs, etc.</u>
<u>26</u>	<u>Issues over-the-counter Hoosier works for child care cards</u>	<u>Issues cards and provide state supplied information to families on use of the card</u>

Instructions for the FSSA Provider Data Form, the W-9 Form and the Direct Deposit Form.

FSSA PROVIDER DATA FORM – This form is required. It is used to complete information required on the contract documents and also to help us keep our information updated.

W-9 Form – This form is required by the Auditor of State. It is used to maintain a file of claims payment addresses. This form must be completed with the legal name, d/b/a, if appropriate and the address where the claim checks are to be sent, if you do not choose to use direct deposit. It must be signed and the original is to be submitted to FSSA. FSSA cannot begin to develop a contract without this form.

Direct Deposit Form – This form is to be completed if you choose to have your claim payments direct deposited to your bank. Section 1 and Section 2 must be completed and the original is to be submitted to FSSA. **HOW DIRECT DEPOSIT WORKS** – Normally, the Auditor of State's Office only allows one bank account to be direct deposit. This means that if you have several different contracts with the State of Indiana and you submit a direct deposit request, all funds that pass through the Auditor's Office will be direct deposited into that account. Claims Management will send a warrant summary notice advising what funds was deposited into your bank account. This information will usually follow the deposit by 2-5 days. The automated deposit feature usually saves about five days processing time.

Technical Requirements

"The recommended minimum hardware and software requirements listed below are based on technical requirements and performance testing. Systems not meeting these minimum requirements may experience substandard performance."

To adequately run the Automated Intake system will require the following hardware and peripherals.

Client Software Minimum Requirements:

Mozilla/4.0 compatible

- Internet Explorer 5.x or higher, Netscape 6.0
- JavaScript support
- Java JRE 1.3.1 plug-in [<http://java.sun.com/j2se/1.3/jre/download-windows.html>]
- Adobe Reader 5.0 or higher
- Windows 98 or Higher

Recommended Software

- MS Office Software (Word, Excel) n licenses (where n = the number of users)
- Anti-Virus software for each computer system and laptop.
- Email (web-based or client installed (i.e. Outlook express, etc)

Client Hardware:

- Pentium, 600-MHz processor or faster
- 256 MB of RAM
- CD-ROM
- Modem – Digital (DSL/Cable)

Internet

- Dedicated data line (DSL, Cable, Ethernet 10 Mbps or higher)

NOTE: America On-Line Internet connectivity not supported

Printer

- Any HP or HP-compatible laser printer